

Cincinnati Recreation Commission



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FC Cincinnati

present:

Kick Up Fitness!

A two day soccer program featuring
professional players from FC Cincinnati



I give permission for my child, _____, to participate in the Kick Up Fitness Soccer Program on **Tuesday, July 12th and Thursday, July 14th from 10 am- 2 pm** each day. I understand that my child may be transported by city van/school bus from the recreation center to the location of the camp at **Otto Armleder Park**.

Please select a pick up location (must arrive at pickup location by 9:00 am)

___ Dunham Recreation Center

___ Bush Recreation Center

___ Millvale Recreation Center

___ Pleasant Ridge Recreation Center

___ Clifton Recreation Center

I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have, as a result of my child's participation in the program, against the City of Cincinnati and the Public Recreation Commission and their agents, employees and volunteers. I do hereby fully release and discharge the City of Cincinnati and the Public Recreation Commission their agents, employees and volunteers from any and all claims from injuries, damage of loss which I may have or which may accrue to me on account of my child's participation in the program.

I further agree to indemnify, defend and hold harmless the City of Cincinnati and the Public Recreation Commission their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the program.

I have read fully and fully understand this release form. Before registration in this program is valid, this release form must be signed by the participant's parent or legal guardian.

I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this waiver and release behalf of such minor.

Child Name _____ **Date of Birth** _____ **T-shirt Size** _____ **Center** _____

Parent Signature _____ **Phone #** _____ **Email** _____

Emergency Contact _____ **Phone #** _____

Additional Information (allergies, medications, asthma, etc.)



www.cincyrec.org • InfoLine: 352-4000



The City of Cincinnati and CRC are dedicated to providing equal employment without regard to race, gender, age, color, religion, disability status, marital status, sexual orientation, or transgendered status, or ethnic, national or Appalachian origin, or on the basis of any other category protected under federal, state and local laws. The City of Cincinnati and CRC are committed to supporting the Americans with Disabilities Act.

Please call if you require any special accommodations.

